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CONFIRMATION NO. 5751

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/706,300	11/12/2003	604	3761	GLAUKO.1C3CP1

APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/395,633 03/21/2003 ABN
 which is a CON of 09/549,350 04/14/2000 PAT 6,638,239

This application 10/706,300 11/12/2003

is a CIP of 10/634,213 08/05/2003
 which is a CIP of 10/118,578 04/08/2002 PAT 7,135,009
 and claims benefit of 60/401,166 08/05/2002
 and claims benefit of 60/451,226 02/28/2003
 and said 10/118,578 04/08/2002
 claims benefit of 60/281,973 04/07/2001

This application 10/706,300 11/12/2003
 is a CIP of 10/046,137 11/08/2001 ABN

which claims benefit of 60/281,247 04/03/2001

This application 10/706,300 11/12/2003
 claims benefit of 60/425,911 11/12/2002
 and claims benefit of 60/431,918 12/09/2002

/LRD/ 16 Nov 09

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **
 02/09/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged /LESLIE R DEAK/ Examiner's Signature	Initials	CA	57	45 19	8 6

ADDRESS

KNOBBE MARLENS OLSON & BEAR LLP
 2040 MAIN STREET
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 UNITED STATES

TITLE Ocular implant with therapeutic agents and methods thereof
 Glaucoma implant with therapeutic agents
 /LRD/ 7 Dec 2009

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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RECEIVED 1160	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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